

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155705		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/05/2013	
NAME OF PROVIDER OR SUPPLIER  HERITAGE POINTE				STREET ADDRESS, CITY, STATE, ZIP CODE 801 N HUNTINGTON AVE WARREN, IN 46792			
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F000000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: August 28, 29, 30, and September 3, 4, and 5, 2013</p> <p>Facility number: 000542 Provider number: 155705 AIM number: 100267380</p> <p>Survey team: Linn Mackey, RN TC ( August 28, 29, 30, and September 4, and 5, 2013) Toni Maley, BS ( August 28, 29, and September 3, 4, and 5, 2013) Karen Koberlein, RN Angela Selleck RN Shelly Reed RN (August 28, 29, 30 and September 3, and 4, 2013) Jason Mench RN ( August 29, 2013)</p> <p>Census bed type: SNF: 16 NF: 119 Residential: 151 Total: 286</p> <p>Census payor type: Medicare: 16 Medicaid: 65 Other: 205 Total: 286</p>			F000000	<p>Attached please find the plan of correction for the United Methodist Memorial Home, DBA Heritage Pointe. Submission of this plan of correction shall not constitute or be construed as an admission by Heritage Pointe that the allegations in the survey report are accurate or reflect accurately the provision of nursing care and service to the residents at Heritage Pointe. In view of the fact that the deficiencies cited all fall at levels D and E with no quality of care findings on the scope and severity scale, we would like for you to consider accepting the enclosed written paper compliance as evidence of correction to confirm our substantial compliance in lieu of an on-site revisit.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<b>Residential Sample: 10</b>  These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.  Quality Review completed by Debora Barth, RN.						

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F000329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review, observation and interview, the facility failed to ensure a gradual dose reduction was attempted, or a statement of contraindication was completed for 1 of 5 residents reviewed for unnecessary medications (Resident #137).</p> <p>Findings include:</p> <p>Resident #137's clinical record was reviewed on 8/30/13 at 8:32 a.m.</p>		F000329	<p>All residents receiving anti-psychotic medication have the potential to be affected by a failure to attempt gradual dose reduction. A statement was written and signed by Dr. Lloyd Williams and placed in the chart of Resident #137 addressing gradual dose reduction and contraindications for use. This statement included a risk benefit analysis that states actual benefits versus the risk for the continued use of the medication for resident #137. All antipsychotics will continue to be</p>		09/23/2013	

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	<p>Resident #137's current diagnoses included, but were not limited to, pyelonephritis, dementia without behavioral disturbances, and unspecified paranoid state.</p> <p>Resident #137 had a current 8/21/13 physician's order for: Seroquel (an anti-psychotic medication) 25 mg (milligrams) one time daily. This order originated 3/26/13.</p> <p>Resident #137's most recent careplan had a problem of chronic confusion with a risk of side effects from psychotropic medication use. Approaches indicated monitoring for side effects from the use of the psychotropic medication.</p> <p>Behavioral tracking for Resident #137 was completed 3 times per day, once per shift. Behavioral tracking for Resident #137 included weekly summaries, and incident based documentation. Resident #137 had 2 documented behaviors noted between the dates of 6/1/13 to 9/4/13. On 6/1/13, at 3:22 a.m., "Mood &amp; Behavior-Incident Based" document indicated "Resident confused this shift, stating that he thought he was in the army, set nurse alert off, frequently up wandering around his room. Resident also stated that he</p>				<p>reviewed monthly to address excessive dosage, duration, and adequate monitoring, as well as, adequate indications for use and the presence of adverse consequences. An in-service regarding Tag F329 and the interpretive guidelines, including indications for use, gradual dose reduction and criteria for use, was reviewed with the Medical Director as well as with consulting physicians. All antipsychotics will be reviewed monthly for 3 months then quarterly, to monitor compliance regarding dosage, duration, monitoring, indications for use and adverse consequences. Inadequacies in monitoring will be reviewed by the QA Committee for review and recommendations.</p>		

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	<p>thought someone was walking around the parameter, and did not feel safe. Maintenance man came down to unit, and explained to resident that the parameters were safe. Resident now resting in bed at this time." On 7/9/13 at 7:44 p.m., "Mood &amp; Behavior-Incident Based" document indicated "Resident refused his HS [bedtime] medications. Writer attempted 3 times, and resident stated, ' I'm not gonna do it'."</p> <p>During an interview on 8/30/13 at 1:30 p.m., LPN #5 indicated Resident #137 did not display behaviors or refuse care. LPN #5 also indicated that Resident #137's physician reviewed Resident #137's medications last week, and had indicated he wanted to keep the dose the same at this point, and review at another time.</p> <p>Resident #137's record lacked documentation of ongoing behavioral symptoms that would indicate the need for an anti-psychotic medication on a daily basis.</p> <p>Resident #137's last gradual dose reduction was recommended on 8/13/13. Physician indicated he declined the recommendation, resident was doing well, and benefits</p>						

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	<p>were greater than the risk. There was no contraindication statement which included a risk benefit analysis documented for 8/13/13 that stated the actual benefits, versus the risk, for the continued use of the anti-psychotic medication. Review current, facility policy titled "Use of Antipsychotic Drugs", which was provided by Director of Nursing on 9/4/13 at 9:10 a.m., indicated the following:</p> <p>"Policy Statement: Antipsychotic drugs may only be used when a comprehensive assessment of a resident's medical, psychiatric, and behavioral condition provides evidence that an 'enabling condition' is present.</p> <p>The procedures, addressed in this protocol, are to be used for all psychoactive medications used in this facility. The following drug categories are included: Antipsychotics, Antianxiety agents, Antidepressants, Sedatives/hypnotics.</p> <p>Procedure: . . . 4. When a resident's thinking and/or behavior problem have been stable for at least three months, the physician will determine-if a GDR is appropriate. If the physician feels that a dosage reduction is clinically</p>						

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	contraindicated the dosage will not be reduced. Documentation must be made in the residents clinically record...."  3.1-48(a)(1)						

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F000371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared, distributed, and served under sanitary conditions. This had the potential to affect 19 of 19 residents who receive pureed diets(Residents #62, #58, #104, #49, #120, #111, #4, #71, #90, #1, #6, #76, #103, # 69, #28, #132, #33, #42, and #26).</p> <p>Findings include:</p> <p>During an observation of the pureed food preparation in the kitchen on 9/4/13 at 10:00 a.m., Cook #9, after preparing the puree Salisbury steak, reached over the uncovered containers of finished puree meat, washed her hand off in the container of cleaning solution, and drew her wet hand over and across the uncovered containers of puree, contaminating the finished product.</p> <p>During an interview on 9/4/13 at 10:10 a.m., Cook #9 indicated the</p>		F000371	<p>It is important to note that although there was a potential for contamination of the pureed food in question, the surveyor and the supervisor both stated that they did not see anything fall into the pureed product. More importantly, it should be noted that the pureed food in question was discarded and not served therefore there was no potential of food contamination for any of the 19 residents on pureed diets. All residents on pureed diets would have had the potential to be affected by a deficient practice of food being contaminated during the preparation of food process. The pureed food that was prepared with a potential for food contamination was discarded and was not served to any resident. All residents on a pureed diet received newly pureed food that was properly prepared without potential for contamination. All food service personnel were in-serviced on proper placement of sanitizers and instruction regarding food storage, preparation, distribution and the serving of food under sanitary conditions. The food</p>		09/23/2013	



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	<p>prep space near the puree machine is small and the sanitizer containers were placed there due to lack of another place.</p> <p>On 9/5/13 at 8:30 a.m., the Director of Nutritional Services supplied a list of residents with orders for pureed diets. The list included the following residents Resident #62, #58, #104, #49, #120, #111, #4, #71, #90, #1, #6, #76, #103, #69, #28, #132, #33, #42, and #26.</p> <p>Review of a current facility policy, titled " Food Preparation", which was provided by the Director of Nursing on 9/4/13 at 11:13 a.m. indicated the following:</p> <p>"...Purpose: To ensure that meals are served which have not been contaminated during the food process.</p> <p>Standards: 1. Food shall be prepared with the least possible manual contact, with suitable utensils (forks, knives, tongs, spoons, or scoops). Plastic gloves may be worn for mixing and handling food when utensils are not appropriate such as slicing meat, making sandwiches, etc....</p>				<p>production supervisor will monitor the location of the sanitizer bucket and the preparation of pureed food daily for one (1) month then monthly. Any concerns will be discussed with the Dietary Manager and consulting Dietician and then taken to the Q.A. Committee for review and recommendations.</p>		

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	<p>7. Prepared food shall be transported to serving area in closed carts or covered containers."</p> <p>3.1-21(i)(3)</p>						

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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to ensure 1 vial of Novolog insulin was not expired and properly discarded for 1 of 5</p>	F000431	All residents on the 1B unit had the potential to be affected by the practice of not promptly disposing of expired medications. The Novolog and Tubersol vials that		09/23/2013		

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	<p>refrigerators observed (1B Hall) and the facility failed to ensure one vial of Tubersol was not expired and properly discarded potentially affecting 33 residents who live on 1B Hall.</p> <p>Findings include:</p> <p>1. On 9/4/13 at 9:00 a.m., while observing medication storage for 1B Hall, the refrigerator contained one vial of Novolog insulin and one vial of Tubersol that were found to have been expired. The Novolog vial had an expiration sticker with the date of 8/28/13 and the Tubersol vial had an expiration sticker with the date of 8/24/13.</p> <p>Novolog manufacturer's directions dated 3/13, included but was not limited to: 16.2 Recommend Storage, Vials: After initial use a vial may be kept at room temp below 86 degrees Fahrenheit for up to 28 days.</p> <p>Tubersol manufacturer's directions dated March 2013, included but was not limited to: Storage, a vial of Tubersol which has been entered and in use for 30 days should be discarded.</p> <p>Review of a current facility policy,</p>				<p>were found to be expired were immediately disposed of. All of the remaining medications on the 1B unit were reviewed for potential expired medications as well as the other health care units. All licensed nursing staff has been in-serviced on the policy for Storing Drugs. The in-service included the proper procedures for outdated, contaminated, or deteriorated drugs, or those in containers which are cracked, soiled, or without secure closures and their removal from stock and destroyed according to procedures for drug destruction. Pharmacy consultants will continue to check medication and treatment carts monthly for any expired medications. In addition, the second shift nurse will check for expired medications and medications that will be expiring within the next week and alert staff to these medications so that they can be pulled and properly disposed of per facility policy. The DON will monitor these procedures to ensure they are being followed weekly for 8 weeks then monthly. Any concerns will be reviewed by the Q.A. Committee for recommendations.</p>		

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	<p>dated 3/07, titled "Storing Drugs", which was provided by the Director of Nursing on 9/4/13 at 9:14 a.m., indicated the following;</p> <p>"12. Any outdated, contaminated, or deteriorated drugs, or those in containers which are cracked, soiled, or without secure closures must be removed from stock and destroyed according to procedures for "drug destruction"."</p> <p>During an Interview on 9/4/13 at 2:45 p.m. with DON indicated the Pharmacy Consultant reviews and checks the medication and treatment carts monthly and were last checked on 8/12/13.</p> <p>3.1-25(o)</p>						

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to develop service plans which indicated services offered to each individual resident and included scope, frequency, need, preference and contained a signature for 8 of 8 active residential records reviewed in a sample of 10</p>	R000217	Please note that although the 2567 findings state that the residents listed in this tag lacked service plans, all residents in Assisted Living and Residential do indeed have service plans that have been in place for several years and have passed survey inspection in past years. These plans are signed and dated by		09/23/2013		

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	<p>(Residents #R80, #R100, #R21, #R85, #R95, #R14, #R117 and #R146).</p> <p>Findings include:</p> <p>1.) Resident #R80's residential record was reviewed on 9/3/13 at 2:15 p.m. Resident #R80's current diagnoses included, but were not limited to, hypertension and depression. Resident #R80's record lacked a service plan.</p> <p>During a 9/4/13, 3:00 p.m., interview, LPN #3 indicated Resident #R80 self administered her own medications, had a vitamin B12 injection by a nurse once a month, received housekeeping services and ate 2 meals a day in the facility dining room.</p> <p>Resident #R80 did not have a service plan which identified these needs and services.</p> <p>2.) Resident #R14's residential record was reviewed on 9/3/13 at 2:00 p.m. Resident #R14's current diagnoses included, but were not limited to, depression and chronic obstructive pulmonary disease. Resident #R14's record lacked a</p>				<p>each individual resident and their nurse. All residential residents in the licensed residential areas of Heritage Pointe have the potential to be affected by Service Plans that do not include the scope, need, frequency, and preference of each resident. All residents were interviewed and a form was added to each Service Plan that indicates the appropriate scope, frequency, need and preference of each resident. These forms will also be signed and dated by the resident and his/her nurse. The facility policy for Service Plans has been up-dated to include the additional form. All licensed residential nursing staff have been in-serviced on the policy and the new form. The Residential charts will be reviewed to ensure all charts contain the additional service form and that they are attached to existing Service Plans. The new service forms will be reviewed and dated at each Service Plan review every 6 months or when a change in services is required.</p> <p>Q.A. checks will be done every month to ensure Service Plans are being updated and that the new form is included and signed.</p>		

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	<p>service plan.</p> <p>During a 9/4/13, 3:00 p.m. interview, LPN #3 indicated Resident #R14 self administered his own medication, received laundry services, received housekeeping services, ate 2 meals a day in the facility dining room, was incontinent and preformed self incontinent care.</p> <p>Resident #R14 did not have a service plan which addressed these needs and services.</p> <p>3.) Resident #R117's residential record was reviewed on 9/3/13 at 11:10 a.m. Resident #R117's current diagnoses included, but were not limited to, chronic airway obstruction and esophageal reflux. Resident #R117's record lacked a service plan.</p> <p>During a 9/4/13, 2:50 p.m. interview, RN #2 indicated Resident #R117 administered his own medications, had his oxygen saturations monitored by nursing, received housekeeping services and ate 3 meals a day in the facility dining room.</p> <p>Resident #R117's did not have a service plan which addressed these needs and services.</p>						



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	<p>4.) Resident #R100's residential record was reviewed on 9/3/13 at 10:05 a.m. Resident #R100's current diagnoses included, but were not limited to, hypertension and diabetes mellitus. Resident #R100's record lacked a service plan.</p> <p>During a 9/4/13, 2:50 p.m. interview, RN #2 indicated Resident #R100 had her medication administered by nurses including insulin injections, received assistance for showers, received laundry services, received housekeeping services and ate 3 meals a day in the facility dining room.</p> <p>Resident #R100 did not have a service plan that addressed these needs and services.</p> <p>5.) Resident #R21's residential record was reviewed on 9/3/13 at 1:00 p.m. Resident #R21's current diagnoses included, but were not limited to, diabetes mellitus and osteo-arthritis. Resident #R21's record lacked a service plan.</p> <p>During a 9/14/13, 3:00 p.m., interview, LPN #3 indicated Resident #R21 self administered his own medications, had blood sugar monitoring completed by nurses,</p>						

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	<p>received laundry services, received housekeeping services and ate 3 meals in the facility dining room.</p> <p>Resident #R21 did not have a service plan that addressed these needs and services.</p> <p>6.) Resident #R85's residential record was reviewed on 9/3/13 at 10:30 a.m. Resident #R85's current diagnoses included, but were not limited to, diabetes mellitus and depression. Resident #R85's record lacked a service plan.</p> <p>During a 9/4/13, 2:45 p.m., interview, LPN #1 indicated Resident #R85 had medications administered by nurses, had blood sugar monitored by nurses, received shower assistance, received housekeeping services, ate 3 meals a day in the facility dining room and was incontinent and provided her own incontinent care.</p> <p>Resident #R85 did not have a service plan that addressed these needs and services.</p> <p>7.) Resident #R95's residential record was reviewed on 9/3/13 at 11:20 a.m. Resident #R95's current diagnoses included, but were not limited to, depression and anxiety.</p>						

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	<p>Resident #R95's record lacked a service plan.</p> <p>During a 9/4/13, 2:50 p.m., interview, RN #2 indicated Resident #R95 received medication administered by nursing staff, received shower assistance, received laundry services, received housekeeping services and ate 3 meals a day in the facility dining room.</p> <p>Resident #R95 did not have a service plan which addressed these needs and services.</p> <p>8.) Resident #R146's residential record was reviewed on 9/4/13, 2:15 p.m. Resident #R146's current diagnoses included, but were not limited to, dementia and hypertension. Resident #R146's record lacked a service plan.</p> <p>During a 9/4/13, 2:25 p.m., interview, QMA #4 indicated Resident #R146 resided on a secured dementia unit, received medications administered by nursing staff, received housekeeping services, received laundry services, needed supervised when off the unit, needed wheelchair mobility assistance at times, received dressing assistance, ate 3 meals a day in the facility dining room and received</p>						

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	<p>wound care treatment from the wound nurse.</p> <p>Resident #R146 did not have a service plan which addressed these needs and services.</p> <p>During a 9/4/13, 9:15 a.m., interview the Administrator provided "Nursing Assessments" for Residents #R80, #R100, #R21, #R85, #R95, #R14, #R117 and #R146 and indicated the facility was considering the forms to be service plans. The forms did assess each residents current condition. The forms did not identify the services offered to each residents, the scope, frequency, need and preferences of the resident.</p>						

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, record review, and interview, the facility failed to ensure food was stored, prepared, distributed, and served under sanitary conditions. This deficient practice had the potential to affect 80 out 80 residents served from the Fahl Residential kitchen.</p> <p>Findings include:</p> <p>1. A tour of the Fahl Residential kitchen was conducted on 8/28/13 at 9:20 a.m., with Nutritional Service staff #5 and #6.</p> <p>The entrance way carpet into the kitchen from the dining area, was visibly soiled. The blue carpet had turned a light brown. Two dead black bugs were three to five feet from the entrance into the kitchen.</p> <p>A heavy duty bottle of degreaser was observed laying on it's side, on the top shelf above the individual jelly packets. A loaf of bread was approximately three and a half square feet from the degreaser bottle.</p>		R000273	<p>All residents eating in the Fahl Dining Room had the potential to be affected by this practice. The Fahl Kitchen was thoroughly cleaned, including all shelving, walls, and floors, as well as behind all equipment. New shelving has been ordered as well as new flooring for the kitchen. The carpet has been cleaned and is to be replaced when the new flooring arrives. All other residential kitchens were also inspected for potential problems. All kitchen staff has been in-serviced on the Equipment and Utensil Cleanliness and Sanitation policy as well as the Floor and Wall Cleaning and Sanitation policy and the proper storage of all cleaning and degreasing supplies. All residential Kitchens will be inspected weekly for 3 months then monthly. Any concerns will be reported to the Dietary Manager and the Consulting Dietician. Findings will be reviewed by the Q.A. committee for recommendations.</p>		09/23/2013	

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	<p>During an interview with Nutritional Service staff #6 on 8/28/13 at 9:30 a.m., she indicated the degreaser should not be stored there.</p> <p>Food debris and dust was observed on three separate shelves. One shelf was located under the microwave and beside the plate warmer. Two bottom shelves were located at the end of the steam table.</p> <p>Food debris, dirt and grime were observed under the two compartment sink, behind the ice machine and drink dispenser The drink dispenser also had an elastic hair tie and a condiment package behind the machine.</p> <p>The wall behind the griddle and microwave had a build-up of grease and grime. The white wall was a tinged yellow color in this area.</p> <p>The plate warmer had dust build-up around the edges.</p> <p>During an interview with Nutritional Service staff # 6 on 8/28/13 at 9:30 a.m., she stated "night crew sweeps and mops at night. I am pretty sure it's two to three nights a week. The steam table, counters, plate warmer,</p>						

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	<p>refrigerator, dish machine and the sinks are cleaned after every meal."</p> <p>The Nutritional Service Director provided a copy of "The Fahl Kitchen and Dining Room Cleaning Schedule" and the "Equipment, Utensil Cleanliness, Floor, Wall Cleaning and Sanitation" Policies on 9/5/13 at 10:35 a.m.</p> <p>Review of the "Fahl Kitchen and Dining Room Cleaning Schedule" on 9/5/13 at 11:45 a.m., included but was not limited to: the shelves, warmer and walls were scheduled to be cleaned daily Monday through Sunday.</p> <p>Review of the "Equipment and Utensil Cleanliness and Sanitation" Policy on 9/5/13 at 11:55 a.m., indicated "After each use, all kitchenware and food contact surfaces of equipment, exclusive of cooking surfaces, used in the preparation serving display, or storage of food, shall be cleaned at least once a day, and shall be free of encrusted grease deposits and other soil.</p> <p>...Non-food contact surfaces of all equipment used in the operation of food service, including tables, counters, shelves, mixers, grinders,</p>						

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	<p>slicers, hoods and fans shall be cleaned as necessary to be free of accumulation of dust, dirt, food particles and other debris."</p> <p>Review of the "Floor and Wall Cleaning and Sanitation" Policy on 9/5/13 at 12:07 p.m., indicated "... Floors shall be kept clean at all times.</p> <p>...Floors shall be swept and mopped daily, changing water as frequently as necessary.</p> <p>...Non-porous walls will be cleaned as often as necessary to remove all soiling..."</p>						